

**Paragraph [0053]:**

[0053] The patient can be observed for symptoms of abdominal pain at rest and the central, narrowed portion of the endograft 100 can be dilated as needed, nearly up to the full diameter of the end portions, to adjust the pressure change across the endograft to within a desired range, increase blood flow, and reduce the pain. Because meals result in an increase in the blood flow through the arteries discussed herein, an aspect of the present invention includes adjusting the blood flow through one or more of these arteries to relieve non-meal related abdominal pain, while still restricting the blood flow increases that accompany meals and causing relative ischemia of the small intestine after eating. This procedure can be performed acutely in the periprocedure or much later, e.g., years after the endograft has been installed.